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Bib Data Sheet

CONFIRMATION NO. 8124

<b>SERIAL NUMBER</b> 10/531,411	<b>FILING OR 371(c) DATE</b> 11/04/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> UCLA-007
<b>APPLICANTS</b> Wenyuan Shi, Los Angeles, CA; Fang Gu, Los Angeles, CA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/32543 10/14/2003 which claims benefit of 60/418,768 10/15/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 30
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 24353				
<b>TITLE</b> Monoclonal antibodies specific for cariogenic bacteria				
<b>FILING FEE RECEIVED</b> 795	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	